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The Sexual Abuse of Children: Myths, Research, and Policy Implications

Michael Cerkovnik*

I. Introduction

The sexual abuse of children has become a major concern of our society. Increased awareness and reporting of this social problem has necessitated that it be brought to the forefront of those social problems that need to be addressed today.

The research literature evidences no common agreement regarding the etiology of sexual abuse or the consequences of having been sexually abused. Yet professionals working within the field have made strides within their narrowly defined area to give guidelines for assessment and treatment. These guidelines are discussed within the body of this article.

In addition to the research information provided by experts, policy recommendations for research/treatment and intervention programs are often suggested. This report exposes the reader to a broad yet workable ecological model of the problem of sexual abuse defining the victimizer, his victim and the family constellation. See Figure 2.

The literature dealing with sex abuse is scant, disparate and contradictory. A recent increase in the volume of research has not resulted in integrated studies or cleared up present ambiguities. Articles are found in a wide range of journals, many in inaccessible or audience-specific medical and legal journals. These journals then define sexual abuse within the confines of their respective disciplines. Researchers within each field use differing terminology and characterizations and do research only on the populations readily available to them. These factors impose a caveat upon those who attempt to generalize upon or utilize the findings on studies of sexual abuse. Additionally, those persons dealing with sexual abuse of children

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find that studies of the law and legal roles in the area are particularly sparse in the professional literature. This fact is most important because the focal point of confronting sexual abuse lies within the legal system.

The purpose of this paper is to provide a review of the literature, to explore myths, facts, and contradictions, and to suggest policy changes in the difficult area of sexual abuse.

II. Myths

Paul Tappan (1955) exposes the following eleven myths concerning the sex offender: (1) Tens of thousands of homicidal sex fiends stalk the land. Dr. Alfred Kinsey estimates that not more than 5% of convicted sex offenders are of a dangerous variety. The vast majority are minor offenders. In actuality, when the sex offender does commit homicide, it is very often a panic reaction of one who fears discovery rather than an expression of sexuality. (2) The victims of sexual attack are ruined for life. On the contrary, far more damage is done by family, friends or public authorities as a part of the cultural *response* to the event. Family members and/or the legal system often seem to infer that a rape victim brought the offense upon himself or herself. It is often where an underlying neurotic fear already exists or where such fear is imposed after the event that lasting injury may be done. (3) Sex offenders are usually recidivists. A large percentage of sex offenders only get in trouble once. Of those who do repeat, a majority commit some crime other than a sexual offense. Minor offenders, for example, exhibitionists, are most likely to repeat. (4) The minor offender, if unchecked, progresses to more serious types of crime. Health professionals contend that offenders persist in the type of behavior in which they have discovered satisfaction. Dr. Guttmacher, chief medical officer in Baltimore, Maryland adds:

The popular conception which, it seems to me, must be a basic postulate of these laws, that serious criminal sexual behavior evolves progressively from less serious sexual offenses, is false. Evidence points to the contrary. The individual who has found a method of releasing his neurotic tension, as for example in exhibitionism, has adopted this way of acting out his intrapsychic conflicts because it best meets his unconscious needs. He is conditioned to it and he is very unlikely to seek other methods to accomplish this end.

(5) It is possible to predict the danger of serious crimes being committed by sex deviates. Diagnostic tests such as the Rorschach, the Thematic Apperception Tests, the Electroencephalograph and "truth" serum drugs yield inconclusive results. Inability to predict

makes statutes which seek to constrain further behavior of individuals who have committed minor sex offenses quite problematical. Sex psychopathy or sex deviation is a clinical entity. Wide disagreement exists among psychiatrists regarding the meaning of these terms. The variety of definitions hinders both psychiatric diagnosis and legal application. (7) These individuals are lustful and oversexed. Most offenders are undersexed rather than oversexed. A majority are passive or nonaggressive. The problem is rarely one of impulses too strong to control as "treatment" programs of castration, sterilization, and close correctional custody would imply. The drive to commit sex crime is most often psychic rather than physiological. (8) Reasonably effective treatment methods to cure deviated sex offenders are known and employed. In fact, patients are often kept in bare custodial treatment. The end result is often that non-criminals and minor offenders are committed for indefinite periods to mental hospitals where no therapy is offered. The most effective treatment, individual psychotherapy, is also the most expensive. Institutions with little time, personnel or space are hard pressed to provide such therapy. (9) The sex control laws passed are directed to the brutal and vicious sex criminal and should be adopted generally to wipe out sex crime. Experience has shown that most of the individuals adjudicated are minor offenders, rarely if ever "sex fiends." (10) Civil adjudication of the sex offender does not involve human liberties or due process. Commitment to a mental facility for an indefinite time period where the patient will be segregated from his community and family is serious punishment rather than treatment. Due process controls are necessitated. (11) The sex abuse problem can be solved merely by passing a law on it. This misconception has produced the following scenario: individuals are adjudicated without due process, individuals are committed to mental hospitals under indeterminate sentences, and a number of sex offenders will be held until "cured" although they may not be receiving treatment.

Robert Barry (1984) adds the following myths concerning incest which have proved to be false: (1) The aggressor — the father in most cases — is inferior in intelligence and psychotic. The incestuous father is usually a churchgoer, a decent provider, and of average intelligence. (2) The incestuous father is seduced by a promiscuous daughter. A promiscuous or seductive daughter is often the *result* but never the primary cause of an incestuous relationship. (3) Incest is less traumatic than rape or other types of sexual molestation. Incest can be seriously traumatic because it occurs within the home, thereby leaving no escape from the assaults. (4) Children born of incestuous relationships will be retarded or handicapped. This is a possibility, but normal children are born of incestuous relationships.

(5) Incest is always confined to one child. There are many cases in which the father has had sexual contact with more than one child.
(6) Incest is harmless. Although often physical force is not used, emotional damage is usually done.

Two medical myths are designated by Sgroi (1975): (1) A genital examination of a child is intrinsically traumatic, and special medical expertise is required to perform an adequate examination to identify the physical indicators of sexual assault. Genital examinations of children are *not* intrinsically traumatic; any practicing physician should be qualified to perform them competently. (2) Children can acquire gonorrhea by a nonvenereal mode of transmission. Children acquire gonorrhea just as adults do. They do not acquire gonorrhea from doorknobs, toilet seats, bathwater, or bedsheets. Gonorrhea in childhood should always be regarded as an indicator of sexual abuse.

Finkelhor (1979) in *Sexually Victimized Children* discusses the myths of the prototypical child molester, the sexually frustrated old man who loiters in parks or schoolyards in hopes of luring youngsters into his clutches with offers of candy or money. In fact, most sexual abusers are well known to their victims. Approximately 70 percent of abusers are known by their male and female victims. For girls, 43 percent of abusers were actual family members as opposed to only 17 percent for boys. Most sexual assaults occur among family and friends in their own homes. Sexual abusers are not just old men but are of all ages, and if they predominate anywhere, it is among the young.

III. Background

Passage of the Federal Child Abuse Prevention and Treatment Act of 1974 resulted in a national response in the area of child abuse which includes sexual abuse. This act coupled with individual state legislative responses brought to public recognition the fact that a large number of children are being sexually victimized. For example, Section 413 of the Social Services law of New York State requires the following persons and officials to report cases of suspected sexual abuse when they have reasonable cause to suspect that a child coming before them in their professional or official capacity has been a sexually abuse child: physicians, surgeons, medical examiners, coroners, dentists, osteopaths, optometrists, chiropractors, podiatrists, residents, interns, registered nurses, Christian Science practitioners, school officials, social service workers, day care center workers, foster care workers, child care workers, mental health professionals, psychologists, police officers, law enforcement officials, peace officers, and hospital personnel involved in admission, examination care or

treatment. The general public has been appraised of sexual abuse by the numerous media reports of day care center atrocities, Phil Donahue's interviews with an abuse victim, "60 Minutes" television presentation on sexual abuse, documentaries about child prostitution in New York City, television specials such as *Something Wrong About Amelia*, Marvel Comic's special sexual abuse issue featuring Spiderman; FBI Special Behavior Science Unit presentation and Congressional hearings on violent sexual assault and child pornography. Outward discussion of the problems of incest and sexual abuse is no longer taboo in the United States. Our society is echoing Pogo: "We have met the enemy and he is us." Important policy considerations will later be discussed characterizing the sexual abuser as "us" rather than as an isolated nonmember of society.

Along with this uncovering of the offender comes a rude awakening as to numbers within our society who are being sexually abused. As noted previously Kinsey (1944, 1953) found that 25 percent of American women and 10 percent of American men had been sexually assaulted before age eighteen. In 1968, the American Human Association *estimated* the rate of 40 per million per year, and in 1983 that same organization reported the 1980 figures as 53 *reported* cases per million children under eighteen. Rush's (1980) study suggests that 25 percent of women in the United States (25 million) will have been molested before they reach age *thirteen*. General consensus is that the *reported* incidence is "only the tip of the iceberg" and the actual rate is far greater than the reports received would indicate.

Child molestation is one of the most underreported crimes in the nation, studies of the problem utilized by the California legislature in 1980 indicate that only 1 to 10 percent of the incidents are even disclosed. Florence Rush, in *The Best Kept Secret: Sexual Abuse of Children* (1980) infers that there are 5 to 35 million victims each year. Parker Rossman, in *Sexual Experience Between Men and Boys* (1977) writes that pedophiles themselves claim 2 to 20 million men in this country are attracted to boys alone. Dr. Gene Abel, Director of the Sexual Behavior Clinic in the New York State Psychiatric Institute, found that the child molesters he studied were "responsible for molesting an average of 68.3 victims," evidencing that child molestation is a more serious and prevalent crime than rape where the number of adult women reportedly assaulted by each rapist is less than one-third than that of the child molester. In a related area, child pornography sales have been estimated to be as high as \$500 million annually. The statistics show no sign of decreasing nor stabilizing.

In light of the background statistics it is most appropriate to

interpose Leon Eisenberg's (1981) thoughts from his article "Cross-Cultural and Historical Perspectives on Child Abuse and Neglect." Dr. Eisenberg in conclusion to his address to the International Congress on Child Abuse and Neglect stated:

Let me conclude by stating my position on this question with the hope that it is also yours. Children matter — in an of themselves — for what they tell us about ourselves — and for the future.

The last of these — the future — is commonly invoked to support programs for children. The value of a new pediatric service is often justified on the ground that the investment will yield healthier adults; or a more productive work force; or savings in ultimate medical costs. Of course, it is important what kinds of adults children will become. But arguing for services for children solely on the basis of the future is a risky strategy. More than that, it is morally unacceptable.

It takes a generation to know whether the prediction of adult benefit will be borne out. Its inevitable uncertainty provides grounds for denying children what they need now. Measurement by distant outcome places a terrible burden of proof on childhood interventions; they must be powerful indeed to be able to show a clear effect despite the vicissitudes of subsequent life experience. Consider: we have overwhelming evidence of the importance of infant nutrition; yet the best fed baby will not grow to become a healthy adolescent if it is starved in later childhood. Is that an argument against feeding babies? Judging by the future implies that things are not worth doing for children unless they have a long run payoff. Do any of us really believe that? Do we have to prove that starvation produces mental retardation before we can justify feeding infants.

That is why I begin with the proposition that children matter in and of themselves. It should be justification enough for a program to show that it improves the quality of life for the children who participate in it, whether or not it has enduring after-effects. Otherwise, we shall impoverish our common humanity by reducing the environment of our children to the minimal conditions that permit survival without gross impairment.

Children matter for what they tell us about ourselves. They cannot defend their rights; such rights as they enjoy must be freely given to them. Thus, the care children receive in a society is a sensitive index of its morality. I leave it to each of use to judge for ourselves how well our nations measure up to this standard.

Of course, children do matter for the future. They are the future of our species. Their survival has an urgent quality about it. Children do not keep. They are exquisitely sensitive to time. The food they need, the love they require, the stimulation their

development depends upon cannot be put off without harm to their growth. In the words of the Chilean poet, Gabriela Mistral: "The child cannot wait, many things we need can wait, but he cannot To him, we cannot say 'tomorrow,' his name is 'today.' "

Providing the best care we know to give is no guarantee of a trouble-free future. Nothing is. But it does make it more likely that our children will be better equipped than we have been to manage the problems inherent in the human condition.

IV. Research

Sexual abuse is a clinical and societal problem warranting attention and consolidation of the available "facts." Many difficulties abound in the definition, diagnosis, etiology and management of sexual abuse. It is best approached utilizing an ecological model. Potential etiological factors will be summarized using the ecological model for high risk parenting developed by Ricciuti and Dorman (1983). Figure 1 outlines their model. Figure 2 fits the research on sexual abuse to this model.

A. The Sexual Offender

Shaffer (1973) takes the stance that those sex offenders sent to a mental hospital are in reality non-persons. Some in society view the offender as insignificant, incapable of being hurt and less than human. Institutional psychiatry labels these individuals "mentally ill" or "sexual offenders." Sadoff (1967) adds, "A major function of any law is to define clearly that class of persons to which the law applies. In this respect the sex deviate laws have failed. Although some twenty-seven jurisdictions purport to deal with the same personality in their sex deviate laws, there are twenty-eight different definitions or descriptions of that personality." Shaffer's earlier point of the sexual offender is echoed in the following dialogue during the 1978 Hearings on Sexual Assault by the House of Representatives:

Mr. Walker: [i]f we could get the rapists we know off the streets through some intensified effort, the chances are we would cut into the whole rape problem substantially.

Dr. Groth: Well, rape occurs within correctional institutions, as well as on the street. So in some cases you may be moving the problem from one setting to another.

Mr. Walker: But if our goal is to protect society against rape, we'd be moving it into institutions at that point, at any rate.

Dr. Groth: Are you saying that people in the institutions aren't citizens of the society?

Before attempting to describe the sexual offender with some

genuine characteristics to facilitate a better understanding Justice Brandeis' words regarding liberty should be taken into account: "The greatest dangers to liberty lurk in insidious encroachment by men of zeal, well-meaning but without understanding."

Dr. Groth further added in his testimony regarding the sexual offender:

"Anyone could commit any kind of behavior under the right kind of pressures and circumstances, but for the people we were dealing with, it seems that the ordinary demands of life placed the kinds of stresses on them that they could not deal with adequately, and rape was a symptom of this kind of stress."

Misconceptions abound in defining the sex offender. The most prevalent misconception seems to be that all sex offenders belong to the same group or classification. Sadoff (1975) found sex offenders in the following diagnostic categories: schizophrenia, schizoid personality disorder, alcoholism, chronic brain syndrome, and mental defective. Dr. Meyers in his "Psychiatric Examination of the Sexual Psychopath" (1965) comments on the labelling of sexual offenders:

"A label of sexual psychopathy carries with it an immediate penalty which may take freedom from the individual for periods varying from months to a lifetime and in addition place a social stigma that possibly may never be removed."

Groth and Loredó (1981) agree that the sexual offense itself is a behavioral act rather than a symptom of a specific diagnostic category. The behavioral act should be examined by reference to the offender's personality development and in the context of the offender's current family situation. They have suggested eight assessment areas for juvenile sexual offenders:

- (1) What is the age relationship between the persons involved?
- (2) What is the social relationship between the persons involved?
- (3) What type of sexual activity is being exhibited?
- (4) How does the sexual contact take place?
- (5) How persistent is the sexual activity?
- (6) Is there any evidence of progression in regard to the nature or frequency of the sexual activity?
- (7) What is the nature of the juvenile's fantasies that precede or accompany his behavior?
- (8) Are there any distinguishing characteristics about the persons who are the targets of the juveniles sexual activities?

Groth and Loredó add the following peculiarities of juvenile assessment:

- (1) Due to the tender age of the offender and in many cases his social familiarity with the victim, such offenses are under-reported, and even when they do come to the attention of the

criminal justice and/or mental health agencies there appears to be a reluctance to regard this behavior as serious or significant. (2) All too often such behavior is dismissed as merely sexual curiosity or experimentation, situational in nature, and due to the normal aggressiveness of a sexually maturing adolescent. (3) No intervention is made at a crucial stage in the early development of the sexual offender, at a point when he first begins to exhibit the symptoms of his pathology and of a time when his assaults have not become an ingrained behavior pattern and when he still may be accessible and responsive to treatment and rehabilitation. (4) Adolescents may believe that their sexual thoughts and impulses may be indicative of mental disturbance and so keep their secret to protect himself from having his worst fears about himself confirmed. This is especially true of the adolescent offender who fears being stigmatized or sexually 'weird' or 'peculiar' by his peer.

In conclusion, Groth and Loreda caution: "Unless intervention is forthcoming, the juvenile is in fact being professionally neglected or abandoned with the result that not only will there be more victims but ultimately, when he reaches adulthood and faces the serious legal consequences of his behavior, rehabilitation may no longer be possible." It is important to note the early age at which deviant sexual behavior begins. As the principle investigator of a study by the National Institute of Mental Health (NIMH) of sex offenders, Dr. Abel found the following: Fifty percent of the voyeurs committed their first crime before the age of 15. Fifty percent of the exhibitionists committed their first crime before the age of 18 and fifty percent of the rapists before the age of 20. Groth, Longo, and McFadin, (1982) in a retrospective study of imprisoned sex offenders found that the age at which rapists reported committing their first rape was as early as 9 years; for child molesters it was the age of 8. Previous researchers also found that the types of sexual assault escalate from offenses, such as peeping or exhibitionism, to more serious crimes such as rape. Abel claims that an adolescent offender is easier to treat than an adult offender because the earlier the intervention, the easier it is to change the behavior.

James and Nasjleti (1983) profile the adolescent sexual abuser as the "boy next door" who is frightened of relationships with peers and finds safety and control when relating to younger children. Relating sexually to children is the adolescent abuser's way to gain mastery in sexual situations similar to those in which he had no control or mastery as a child, when he was the victim. Often the adolescent's first sexually offensive act is attributed to adolescent sexual experimentation. The "boy next door" is often a quiet loner, an average student who evidences little disruptive behavior in the school set-

ting. Other characteristics include isolation from peers, low self-esteem, and a history of abuse, often sexual. Adolescent sexual assaults can serve any of the following purposes in addition to sexual gratification: an outlet to express hostility, a means to feel powerful, a way to master an event from the past, a method of validating heterosexuality, or an outlet to express hostility and to exert control of a situation.

Bernard's (1975) study on pedophiles in the Netherlands and in Belgium indicate that the pedophile is not the stereotypical dirty old man but that almost 60 percent of the study group were in the age range 10-20 when they first became aware that they were a pedophile. Twenty percent became aware at age 15. Fifty-eight percent had their first pedophile contact with a child when between 11-20 years old.

Bernard reports the following pedophile characteristics: (1) A predominance of homophile interests. (2) Masturbation and caressing are predominant in pedophile sexual contacts. (3) A very small percentage of all contacts are anal contacts. (4) The number of vaginal sexual contacts with girls is lower than that of anal contacts with boys. (5) Only 8 percent want to get rid of their pedophile inclination. (6) Thirty-nine percent were the youngest child in the family. (7) The average level of education is higher than that of the average population in the Netherlands.

Carolyn Swift (1978) in her paper on "Sexual Assault of Children and Adolescents" found the following: (1) Young to middle-aged offenders are most common. (2) Female perpetrators are rare, comprising only one to five percent of the cases reported. (3) Most offenders victimize people of their own ethnic background. (4) Interracial abuse is indicated less than five percent of reported cases. (5) Many sex offenders are socially and sexually immature therefore docility and fear make children likely victims. When compared to normal controls, pedophiles report less exposure to pornographic or erotic materials during adolescence, less frequent masturbation in adolescence, extremely restrictive attitudes toward nudity and sex and the least permissive attitudes toward premarital or extramarital sex (Goldstein 1973).

Kenneth Lanning and Ann Burgess (1984) in the FBI Law Enforcement Bulletin article "Child Pornography and Sex Rings" studied forty cases of adult perpetrators of young children or adolescent victims. All of the cases involved male ring leaders and a few cases involved female codefendants, usually husband/wife pairs. The majority of the cases involved male victims. The adult ring leader utilizes peer group membership and competition in pressuring the young person for sex in exchange for a variety of material and psy-

chological rewards. This offender has several children as sex objects in contrast to the offender who seeks out one child at a time.

The offender uses his occupational role to impose authority and control of the children. Some of the offenders included a teacher, a physician, an engineer, a school bus driver, a camp counselor, a photographer, and a scout leader. At other times the adult pressures children to use their own connections to bring other children into the group.

The offender usually occupies a legitimate status within his neighborhood. The offender is often well-liked by his neighbors but has interacted closely only with those neighbors who have children of the sex and age that he prefers. The pedophile often uses a common seduction process. The child is not forced into a sexual act but rather is pressured into being an accessory to the sexual activity. Often the victim interacts with the offender in nonsexual areas. The child progressively becomes a sexual partner.

The offender uses pressure rather than physical force. The following two patterns emerge: (1) enticement, in which the offender attempts to engage the child through persuasion or cajolment, and (2) entrapment, in which he takes advantage of a child victim who feels obligated in some way to the offender. The offender's needs are physical contact and affection from children.

The offenders possessed organizational skills, knowledge in child psychology, and the ability to communicate and interact with children. Lanning and Burgess cite the following as a typical solo-sex ring offender:

Ralph is sexually involved with more than 50 young boys in a local area. He was a meticulous record keeper. He had a notebook with the names, addresses, and telephone numbers of many of his victims. He had a calendar book showing dates and types of sexual activity. He had a diary containing photographs and narrative information. He recorded information such as the youngest (5.26 yrs.), the oldest (19.45 yrs.), and the average (10.89 yrs.) age of his victims, the average duration of sexual relations (2.2 yrs.), the average number of sex acts per person (64.88), the number of various types of sexual acts performed, and biorhythm information for each of his victims. He had an account ledger with a running balance of the amount of money each boy had on account. He kept cancelled checks showing the payments to each victim. He also had the victims make handwritten notes stating how much they enjoyed the sexual activity. Ralph's computer contained information about sexual activity with over 400 boys and girls. The computer had a self-destruct program which he did not have an opportunity to activate prior to his arrest. Ralph's victims were primarily neighborhood boys.

He frequently used alcohol to lower their inhibitions. Once the sexual acts began with the boys, he constantly reminded them not to tell anyone because it was their secret. All of Ralph's victims who were interviewed by the police stated that Ralph was a very nice man who was individually concerned with each of them.

The first reaction of a pedophile to discovery is complete denial. His denial will be frequently aided by friends, neighbors, relatives and co-workers. If the evidence is against him he will attempt to minimize what he has done. He will be knowledgeable about the law and might possibly admit to acts he know to be lesser offenses or misdemeanors. He will attempt to justify his behavior and claim that he cares for these children more than their parents do and that what he does is beneficial to the children. Ultimately, if other tactics don't work he will claim he is sick and cannot control what he is doing. That pedophilia may be a way of life instead of an illness is promoted by some groups. One group explains the sexual attraction to children: (as quoted in the FBI Law Enforcement Bulletin)

“ . . . pedophiles can be of either sex or any sexual orientation, i.e., homosexual, or bisexual . . . some pedophiles believing that their sexuality is natural, harmless, and an integral part of their personality, would not wish to be changed of their sexual orientation even if this were possible — which it is not . . . pedophiles haven't chosen their sexual feelings. They just find themselves attracted to children.”

Most children are not attacked by a stranger or a neighbor but by a familiar or parental figure. Kee MacFarlane in “Sexual Abuse of Children” (1978) contends that child sexual abuse is, in fact, primarily the victimization of young girls. She adds the following in reference to sexual abuse: (1) Major studies have shown that in as many as 80% of all cases, children are sexually abused by people they know and trust; parents, relatives, and parent figures are found to be responsible for up to 50% of reported cases (DeFrancis, 1969; Sgroi, 1975). (2) The previous figures coupled with the fact that intrafamily sexual abuse is less likely to be reported than sexual assault by a stranger (Schulz, 1972) highlight the problem. (3) Many offenders have extremely poor self-concepts and dysfunctional personal relationships, but the majority are not considered to be “sick” (Peters, 1976; Weiner, 1964). (4) The majority of cases do not involve penetration, contraction of venereal disease, or infliction of serious injury. (5) The majority of known sex offenders are heterosexual in their orientation. (6) Sexual abuse by strangers is usually a single episode. In contrast, sexual abuse by family members or acquaintances is more likely to occur in the home of the victim or the

offender, (DeFrancis, 1969; Peters, 1976). (7) Incestuous fathers or stepfathers are weak, resentful, and ineffectual individuals both within and outside the family; their negative self-concepts and low personal esteem make them prime targets to engage in abusive behavior (Giaretto, 1976). (8) Incestuous fathers are often extremely conservative in their sexual beliefs and practices, and generally, do not engage in a variety of sexual practices or extramarital relationships.

Finkelhor (1979) in his book *Sexually Victimized Children* cited the following five propositions about sex offenders based on the research current at the time: (1) Only a minority of incarcerated child molesters (25 to 33 percent) have a primary and relatively permanent sexual interest in children, something that would be described as a personality characteristic (pedophilia). The rest became involved for what seem more transient reasons: an unusual opportunity, stress, or the frustration of other sexual outlets. (Gebhard, *et al.* 1965; Groth, 1978). (2) A sexual involvement with children has very different motivational roots in different men. In some it is an act of sexual gratification, but for others it expresses a need for closeness or for aggression. (3) Sexual interest in children, particularly on an enduring basis, does seem to be connected to a fear of adults and adult sexuality. Children are often attractive to such men because they are naive, undemanding, and do not have adult physical characteristics (Hammer and Glueck, 1957). (4) The motivation for involvement with children depends a great deal on the age of the offender, the age of the child, and the activity involved. Adolescents molest children for different reasons than do adults. Men who are sexually interested in very young children differ from those interested in older ones. And the motivational roots of exhibitionism, for example, contrast strongly with those of incest (Gebhard *et al.*, 1965; Mohr *et al.*, 1964). (5) Alcohol is consistently connected with patterns of sexual abuse of children (Browning and Boatman, 1977; Gebhard *et al.*, 1965; Virkkunen, 1974). Nonetheless, many social scientists doubt that this large number of sexual offenses indicates a causal relationship between alcohol and sexual interest in children (or other deviant interests). Drinking may be more of a way in which the activity is excused or rationalized by the offender than a causative factor (Gebhard *et al.*, 1965; McCaghy, 1968).

Finkelhor warns “. . . even these generalizations must be taken with an appropriate dose of caution. What these men have in common may be more the fact that they have been caught than that they had sex with children. The vast majority of offenders against children, the undetected ones, may be of an entirely different breed.” See Table 1 for Karin Meiselman's classification of incestuous fa-

thers from her book *Incest* (1978).

The last reported incidents of sexual abuse are those cases where a female is the offender. James and Nasjleti (1983) collected information on women who sexually abuse children from the victims of such abuse and not from female offenders in treatment. They found the following characteristics for women offenders: (1) The offender disguises the sexual acts as normal caretaking activities. (2) She engages in these activities — erotic verbal interactions with intimate stroking, genital manipulation and masturbation, oral copulation and sexual intercourse. (3) The offender commonly has infantile and extreme dependency needs, is involved in a poor marital relationship and is extremely possessive and overprotective of a child victim. In addition, alcohol is often used as a disinhibitor and as a means of denial.

B. The Mother of Victims and Nonparticipating Family Members

Poznanski and Bloz (1975), found that in some incestuous families, the nonparticipating members avoid acknowledgement of the sexual abuse between the family members. Often the child who reports the sexual abuse to the mother is not believed, is accused of being nasty or wicked. This often results in the child regretting having revealed the sexual abuse. James and Nasjleti (1983) identify four main categories or personality types of mothers in incestuous families. (1) The passive child-woman mother is dependent and immature. She relies on her husband and other adults to make all decisions for her. She delegates her responsibilities to the oldest female child. She is likely to have been herself physically abused or emotionally deprived. A significant number also report incest or molestation while a child. These women exhibit learned helplessness. (2) The intelligent, competent, distant mother appears to be a model mother. She relates to people on an intellectual level. She usually marries a man not as well educated as she is but who is warm and nurturing. The husband is often the caretaker because she is often away from home. She describes her own mother as assertive, high achieving, competitive and emotionally distant. (3) The rejecting, vindictive mother is hostile and threatening. She will avoid admitting to herself that incest has occurred. She disowns her child upon learning of the incest. She openly criticizes men. Both the husband and child are afraid of her. She is also a manipulator of people and system. (4) The psychotic or severely retarded mother is often unable to protect her children. She is more likely to participate in the molestation than the other type of mothers. For obvious reasons, it is often unrealistic to place a child with a psychotic or severely retarded mother, and to expect the child to fend for herself.

Horwitz (1983) views the mother as distanced from the husband and unable to meet his needs. She is unwilling to face the possibility of family disruption. Suffering from depression, she withdraws from her roles as wife and mother. Summit and Kryso (1978) view the mother as follows: (1) She is not satisfied with her husband and her marital role. (2) She experiences depression by her loss of youth and waning physical attraction. (3) She may be resentful of her daughter's attractiveness and look for ways to hold back her social development. (4) She experiences a freedom from her home duties and turns to the outside world for diversion counting on her daughter to take her place.

C. *The Victim*

Lin Bessett, director of the Sexual Assault Center at Prince George's General Hospital and Medical Center, Cheverly, Maryland provides the following signs to identify sexually abused children: (1) Gonorrhea found in a child under 15 years of age. (2) Pregnancy of age 11 to 12. (3) Passivity during a pelvic exam. (4) Aggressive anger spilling out everywhere. (5) Touching to either extreme is an important behavioral clue to watch for especially how the female child responds to a male physician or male police detective. (6) A knowledge of sex that is inappropriate to the child's age. (7) Refusal to undress in physical education class. (8) Inappropriate dress by either the child or the mother. (9) Establishment of boundaries, especially by wearing clothing to bed. (10) Disassociative reactions, such as denial are used as coping mechanisms. Such children may exhibit a history of running away or a tendency to self-destructive behavior.

James and Nasjleti (1983) caution that two or more of the following indicators should alert one to the possibility of sexual abuse: (1) Excessive masturbation. (2) Overt sexual acting-out toward adults. (3) Simulation of sophisticated sexual activity with young children. (4) Fear of being alone with an adult, either male or female. (5) Violence against young children. (6) Self-mutilation. (7) Bruises and hickeys or both in the face or neck area or around the groin, buttocks, and inner thighs. (8) Fear of bathrooms and showers. (9) Knowledge of sexual matters and details of adult sexual activity inappropriate to age or development level. (10) Combination of violence and sexuality in artwork, written schoolwork, language, and play. (11) Extreme fear or repulsion when touched by an adult of either sex. (12) Refusal to undress for physical education class at school. The two studies overlap and give some valid indicators for the professional to use when suspecting sexual abuse.

Most of the literature revolves around the female as victim. James and Nasjleti (1983) in their book *Treating Sexually Abused*

Children and Their Families discuss both the male and female victim. They state that "the most significant characteristic" observed among female victims is "their role in the family." They exhibit the following characteristics: (1) They are the dominant females who meet the emotional needs of the adults who care for the children, and are often consulted upon decision-making time. (role reversal) (2) They have many responsibilities but little power. (3) They see solving family problems as their responsibility. (4) The victim's needs for affection, protection, and security are neglected as they nurture their parents. (5) Helping professionals often mistakenly conclude that the victims do not need therapy because of the victim's appearance of maturity. (6) Their appearance is generally that of an average girl with the following exceptions. Teenagers will sometimes show signs of gross neglect as an attempt to ward off male attention. Others are always well groomed because they fear that others can tell that they are molestation victims. Concentration difficulties often impede their scholastic performance. However, a small number are high achievers. They compensate for what they view as their "defect". (8) They sometimes act out through the use of drugs or by running away. (9) On the other hand, withdrawn, placating behavior is also observed. They feel they are protecting other children from the offender. And their low self-esteem promotes the feeling that they "don't matter anyway."

Male victims do not report being sexually victimized as readily as female victims because they equate victimization with the loss or absence of masculinity. James and Nasjleti (1983) found the actual ratio of female incest victims to male to be six to four rather than previous statistics which indicate the ratio as ten to one. The male victim often chooses not to report because of the following fears: (1) Unable to protect himself, he fears being considered a sissy or unmanly. (2) He may fear that people will think he is homosexual and he fears becoming a homosexual. (3) If abused by a woman he thinks a complaint will bring his masculinity into question. (4) Boys who are molested by their mothers often assume responsibility for their own molestation viewing their mothers incapable of abuse. (5) They fear no one will believe their report of sexual abuse or that most people think such sexual activity is not harmful to the boy. (6) They fear risking their own safety and well being.

They add five facts involving the effects of the seduction of a male child by a female: (1) Rapists are often found to have had sexual or sexualized relationships with their mothers. (2) Among boys who have sexual relationships with their mothers, those who develop mental disorders often develop schizophrenia. (3) Incestuous fathers are often found to have had sexually stimulating relation-

ships with their mothers. (4) Some homosexuals are said to have chosen homosexuality as a defense against their sexual feelings for a seductive mother. (5) Clinical work with child molesters indicates that sexuality is not usually the primary object of their molesting behavior. Rather, sexuality is the arena in which psychosocial issues such as their own childhood seduction are played out. The male victim is often molested in the same way as girls. Therefore, both sexes share some common characteristics. One important caveat that James and Nasjleti state is that "of all acting-out behaviors that bring a boy to the attention of juvenile authorities, the molestation of younger children has been found to be the most consistent indicator of a boy's own sexual victimization. The possibility of incestuous sexual abuse should be explored with *all* boys who have molested younger children."

MacFarlane (1978) discusses the effects of sexual abuse on the victim in "Sexual Abuse of Children". She reveals the following: (1) It is impossible to make a general statement about the effects of sexual abuse on children. (2) Key variables in determining a child's reaction to abuse include the child's age and developmental status, the relationship of the abuser to the child, the amount of force or violence used by the abuser, the degree of shame or guilt evoked in the child for her participation, and perhaps most importantly, the responses of the child's parents and those professionals who become involved in the case. (3) The closer the emotional ties between child and perpetrator, the more emotionally traumatic the situation is likely to be for the child (Sgroi, 1975). (4) If the behavior has occurred over a long period of time, the effect may be even more pronounced. (5) Guilt feelings may be increased by the degree to which the child actively participated in or encouraged the sexual contact, and whether the child experienced pleasure when it happened. (6) The child may be blamed for initiating and perpetrating the sexual relationship or for breaking up the family. (7) Some girls may turn their own hate into self-hate and become involved in drug or alcohol abuse. In studies of female drug abusers, as many as 44% of them had been sexually abused as children (Benward and Densen-Gerber, 1976). Others display self-abuse as adolescent promiscuity or prostitution. One study of prostitutes found that 30% of them had been sexually exploited during childhood (James, 1971).

Swift (1978) previews the outcomes of sexual abuse and research findings with the following caveats: Attempts to identify effects are clouded by (1) lack of rigorous criteria for what constitutes damage or adjustment following the sexual episode; (2) logistical and ethical considerations blocking longitudinal studies of access to victims after the sexual episodes; (3) experimenter bias. She has

found general agreement regarding at least one major source of maladjustment. The reactions of the adults involved determines in large part the effects on the victimized child.

D. The Family

The family in which sexual abuse has occurred often limits knowledge of the sexual abuse to within the family. A sexual relation within the family may begin innocently enough and progress to sexual stimulation. Summit and Kryso (1978) in "Sexual Abuse of Children: A Clinical Spectrum" define an array of categories of sexual involvement. At one end of the spectrum are variations of normal behavior, at the other extreme are bizarre, malicious behaviors which are considered criminal. The spectrum of parent-child sexuality includes the following: (1) Incidental Sexual Contact. Contact is controlled and self-limiting. Often the contacts are of a curious nature. For example, mothers may touch the penis of an infant to test its response. A less genital but more potentially harmful behavior is the tendency of some single mothers to sleep with a child. The parent often overlooks how stimulating the body contact is to the child. Household voyeurism is also included in this category. Once again, the parent views this as harmless behavior in contrast to the child who is often distressed by such acts of the parent. (2) Ideological Sexual Contact. Parents encourage specific sexual activity in the belief that increased sexual expression is beneficial to the child. An example is the Rene Guyon Society which claims that children need sex with compassionate adults to reduce violent antagonisms supposedly aroused by societal repression and guilt. (3) Psychotic Intrusion. The parent exhibits confusion in reality testing and object choice. This is the least frequent of the types of sexual contact. (4) Rustic Environment. Folklore indicates isolated mountain settings promote incest and inbreeding. In fact, incest also occurs in urban dwellings. An infrequent occurrence is the example of the occasional migrant family which accepts as natural the practice of intrasibling and intergenerational incest. (5) True Endogamous Incest. This situation occurs within marriage and is the result of a distortion of normal family relationships. The parents live well-adjusted functional lives in all other areas. The attraction develops as an outgrowth of role disturbances within the family. Cormier (1962), Henderson (1972) and Giarretto (1976) all discuss this phenomenon in detail. (6) Misogynous Incest. This is a variation of endogamous incest in which fear and hatred of women occur. The offender is often violent and possessive toward the victim. (7) Imperious Incest is an amalgamation of the ideological, rustic and misogynous categories. These adults are kings within their household. For example, the male chau-

vinist, who requires both wife and daughters to perform sexual acts. They may be highly religious, expressing rigid, fundamentalist doctrines. (8) Pedophilic Incest. Parents often resist any action until they are overwhelmed with the stimulus and availability of their own children. A pedophile rarely attempts coitus, body contact, fondling, and oral contacts are more typical. Gender roles are less binding; hence, a man may be attracted to boys as well as girls. (9) Child Rape. Most pedophiles are not rapists and will back off from resistance in their intended partner. The child rapist on the other hand, confuses masculinity with power and can feel sexually adequate only by frightening and overpowering his victims. He is often a surrogate father living with a woman who is passive and self-punishing. (10) Perverse Incest. These incidents involve bizarre, erotic, manipulative and destructive behavior. These individuals are polymorphously perverse: without specificity or limit to their sexual needs. They go beyond what is socially acceptable sexual practices to what is most forbidden. These abusers seem caught up in creating their own pornography. Multiple victims are frequently observed here.

Recently, the family unit itself rather than the characteristics of the individual family member has been examined as the object of the analysis of sexual abuse. Finkelhor (1979) raises the following theories of family dynamics: (1) Social Isolation. This is observed in both the rural and urban or suburban social contexts. The families shy away from interaction and withdraw upon themselves. The external outlets are neither available nor are they sought. Isolated from public view and without other available models, incestuous behavior is accepted as normal. (2) Role confusion. In parent-child sex, parents place children in adult sexual roles. A father acts toward his daughter as he would toward his wife. Parents in these families usually have unhappy marriages, and sex between spouses is unpleasant or nonexistent. Fathers are often authoritarian and physically abusive within the family yet incompetent as providers. Mothers are either unwilling or unable to fulfill parental functions. They have strained and alienated relationships with their daughters. In cases where the mother is incapacitated, alcoholic, or absent, a daughter often assumes many of her housekeeping and childcaring responsibilities and also displaces her sexually. (3) The Milieu of Abandonment. Each family member fears he or she may be abandoned by the others. Sexual activity may be seen as the solution. Often a record of abandonment dominates family history. The family structure is constantly changing. Stepparents and foster children shuffle in and out of the family circle. The fathers often have nomadic life styles. Daughters often feel that, absent the incestuous relationship, the family would cease to exist. (4) Marital conflict results in the child

being vulnerable in two ways. First, the child is subjected to contradictory messages concerning sex. The child's ability to handle potential sexual abuse is seriously hindered by this confusion. Second, the child is left uncertain concerning where to turn for protection. (5) Oversexualization results in the family possessing inappropriate sexual models. Children are sexually stimulated by their own parents, perhaps not directly, but as a result of talk or exposure to unusual sexual behavior. (6) Poor supervision resulting in neglect of a child promotes vulnerability to sexual abuse. Finkelhor further designates male supremacy and social fragmentation as social and cultural sources of sexual abuse.

V. What to Do

Some day, maybe, there will exist a well-informed, well-considered, and yet fervent public conviction that the most deadly of all possible sins is the mutilation of a child's spirit; for such mutilation undercuts the life principle of trust without which every human act, may it feel ever so good and seem ever so right, is prone to perversion by destructive forms of conscientiousness.

Erik Erikson, *Journal of the American Medical Association* (1972).

My experience has shown that in no case is it more difficult to elicit productive and reliable expert testimony than in cases that call on the knowledge and practice of psychiatry. One might hope that psychiatrists would open up their reservoirs of knowledge in the courtroom. Unfortunately in my experience they try to limit their testimony to conclusory statements couched in psychiatric terminology. Thereafter they take shelter in a defensive resistance to questions about the facts that are or ought to be in their possession. They thus refuse to submit their opinions to the scrutiny that the adversary process demands.

Judge David Bazelon commenting on psychiatry as the "ultimate wizardry"

One question which should always face the adult policymaker is, would children make the same choice? An answer of "no" ought seriously to undermine almost any justification for supporting the particular policy process in that the question isn't asked, let alone answered affirmatively.

First, the problem must be defined. A general discussion of sexual abuse must be agreed upon among the various disciplines. James and Nasjleti (1983) suggest that the broadest and most accurate is that adopted by the National Center on Child Abuse and Neglect:

Contacts or interactions between a child and an adult when the child is being used for the sexual stimulation of the perpetrator or another person. Sexual abuse may also be committed by a person under the age of 18 when that person is either significantly older than the victim or when the perpetrator is in a position of power or control over another child.

Clarity of definition is especially needed within the legal arena. The drawbacks of a general definition of sexual abuse are that it is too broad and does not function adequately within a specific field. The elements of a psychological definition may be different from that of a legal definition. The goal should be that both disciplines remain aware of and understand the differing concerns addressed by each definition.

For more effective intervention those groups and people involved in combatting sexual abuse must be apprised of the state of art in treatment modalities. At the 1978 Subcommittee hearings on Sexual Assault, Dr. Nicholas Groth designated four priorities: (1) Education. To develop and implement an interdisciplinary and interagency approach to the problem incorporating health professionals, social services, and criminal justice personnel. (2) Training. To update the knowledge base and strengthen professional skills needed to work with offenders and victims of violent crimes. (3) Research. To develop a fundamental data base about such offenders in order to determine the etiology and development of such pathology; how to identify and assess it and how to remedy it. (4) Direct Services. Men, women and children have all been victimized and require professional help to deal with the resulting traumas. Special groups — the aged, the very young, minority groups, and those outside the conventional social strata (prostitutes, gays, etc.) — need specialized attention. Likewise, offenders need referral sources for treatment. Service agencies need to be developed and staffed by people trained to deal with such cases. Groth states that it is essential that any treatment proposal have a built-in evaluation component. He notes that adolescent offenders need special attention and require early intervention before their antisocial behavior becomes a fixed pattern. But Mary Huber (1984) gives reasons specific to the adolescent sex offender that prompt a do-nothing attitude. They include: (1) The adolescent sexual offender is more likely to be a member of the victim's

family. Finkelhor's study (p. 81) found that they were primarily brothers and cousins. Sexual crimes in general are underreported; when the molester is a close family member, reporting is even less likely. (2) Families are reluctant to seek help for a juvenile sexual offender. (3) Mental health and juvenile justice authorities who receive reports may simply dismiss the actions as part of normal sexual development. (4) Because mental health providers do not know how to treat sex offenders, they are reluctant to label the real cause of the adolescent's problems. They may conclude that no problem exists and therefore no treatment is required. (5) Many sexual offenses are plea bargained down in the juvenile justice system to lesser charges. She also recognizes the need to establish additional treatment programs that work in coordination with law enforcement and criminal justice systems.

Using Giaretto's treatment program as an example of an integrated treatment model, Chris Bagley (1984) contends that the overall approach to treatment should have a number of fundamental tasks: (1) To understand and try to change the values of the community, of individuals, and of professionals concerning the sexual abuse of children. (2) To work towards an integrated response to the concerns of interested parties — the sexually abused child, child protection workers, sex crime investigators, prosecutors, and specialized therapists, once abuse has been revealed. The resulting plan of action should serve the fundamental welfare interests of the child or adolescent victim. (3) To engage in a prolonged and intensive treatment program involving victim, siblings, mother and father with associated self-help groups. (4) To undertake the treatment of adult former victims still suffering long-term effects of earlier sexual abuse. (5) To undertake preventive education with young children to enable them to understand the sexually abusive approaches of others; to give them a healthy self-concept which will enable them to resist these approaches; and to assure them that responsible adults will listen and take appropriate protective action when they complain of abuse. Bagley ends with the following underlying principle or goal: all actions should serve the best interests of a damaged, unhappy, traumatized young person, and the goal of all actions should be to enable the person to recover a sense of dignity, self-respect and self-esteem.

The above discussion inevitably leads to consideration of the judicial system where the "best interests" of the child and the dignity of human beings are to be guideposts in decision-making regarding any child. Swift (1978) suggests the following in reference to the "system": (1) Alternatives to mandatory court appearances for child victims of sexual assault. Video-taping the child's testimony, using expert witnesses in interpreting the child's behavior and testimony,

and taking testimony in the judge's chambers are some of the options to be explored. The development of a humane procedure for taking the testimony of child victims would increase the number of prosecutions of these crimes. (2) Developing uniform reporting codes for sexual exploitation/abuse of children. An additional legal issue not mentioned is the need for corroboration in incest cases. Leahy in "*United States v. Bear Runner: The Need For Corroboration in Incest Cases*" discusses this issue in detail and concludes that the corroboration requirement is necessary and should be retained to assure the accused a fair trial in incest cases. In fact, Bear Runner was the first offender convicted on the uncorroborated testimony of a complaining child.

In their article, "The Role of Psychological Research in the Formation of Policies Affecting Children", Maccoby, Kahn and Everett (1983) address two other system concerns: (1) Should the legal rights of abusive parents be terminated quickly so that their children can be placed in permanent adoptive homes? Conversely, should the rights of natural parents be protected against arbitrary bureaucratic action by providing a variety of judicial restraints on removal and a slower decision process that calls for efforts to reconcile the child with the natural parents? (2) Should children be "screened" for emotional and behavioral problems as well as physical ones? Should screening be done even if no mechanism exists for treating disorders once they are detected? The authors indicate all of these questions involve *value choices*.

Society's value choices are brought to light in view of this striking problem area. As Abraham Lincoln said:

A child is a person who is going to carry on what you have started. He is going to sit where you are sitting, and when you are gone, attend to those things which you think are important. You may adopt all the policies you please but how they are carried out depends on him. He will assume control of your cities, states and nations. He is going to move in and take over your churches, schools, universities, and corporations The fate of humanity is in his hands.

Sydney Harris confronts societal apathetic responses stating: "The real evil in the world is not the spectacular, the occasional, the vividly catastrophic, the real evil lies in our neglect of causes, our indifference to conditions, our unwillingness to give the time, the money and the effort to stop preventable disaster."

VI. Conclusion

The author recommends the following policy guidelines: (1) As

a society we must admit that sexual abuse is taking place within all segments and social circles. (2) Intervention programs should all have built-in evaluation components. (3) Research should be targeted to delineate the "treatable" as opposed to the "non-treatable" offender. Care must be taken to employ a variety of treatment strategies to different categories of offenders to assure all resources have been utilized. (4) Implementation of proven intervention strategies must take place as quickly as feasible recognizing that adolescence and even pre-adolescence are crucial periods in which to intervene. A list of common indicators for workers involved with youthful offenders and victims should be used as the basis for mandatory reporting laws. Enforcement of mandatory reporting laws must be strict. (5) Insurance coverage for sexual assault and therapy should be available. (6) Training in the treatment of sexual abuse should be provided for professionals involved in the area. For example, Federal funds could be set aside to enable law schools to devote a clinical program training students in legal representation of the sexually abused. Students with expertise in related areas should be encouraged to pursue advanced studies in and receive a degree in sexual abuse. (7) A passive stance must be eliminated. A reactive approach is unproductive. Ferreting out the perpetrators of sexual abuse should be furthered by employment of trained professionals to investigate this problem area. (8) Society must recognize that imprisonment may only aggravate a treatable problem by breeding anger and continued diminution in self-esteem both for the victim and his family. This imprisoned offender must be provided adequate treatment. (9) Immediate and long term measures to combat this problem must be utilized. Treatment program must be given time to yield reliable results. (10) Finally, the strength of the family must not be underestimated despite its problem area. Working within the family must be encouraged to whatever extent possible.

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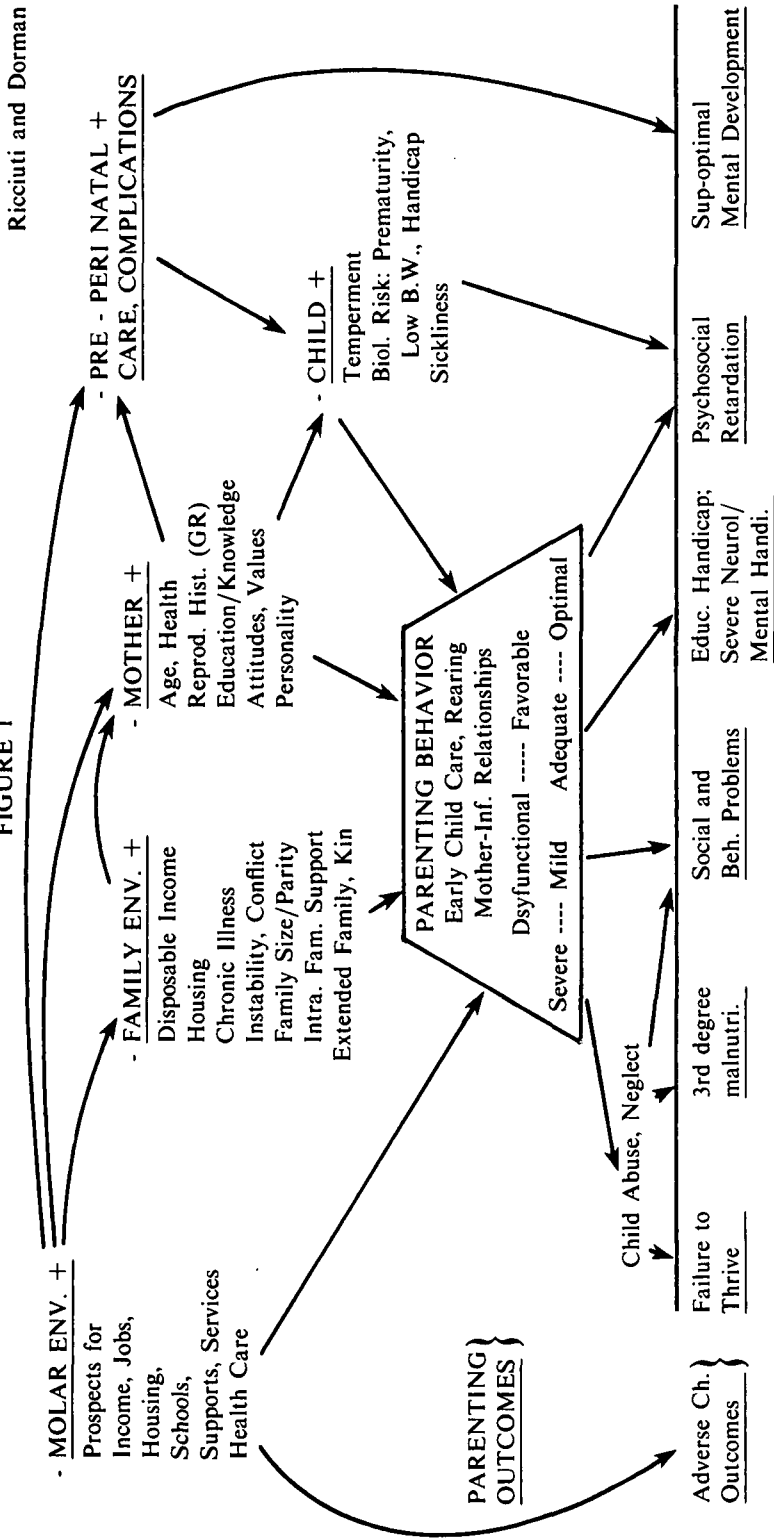
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Table 1: Classification of Incestuous Fathers*

Endogamic	<ul style="list-style-type: none"> • Heavily dependent on family for emotional and sexual needs • Unwilling or unable to satisfy sexual needs outside the family
	<i>Personality disorder</i>
	<ul style="list-style-type: none"> • Shy and ineffectual in social relations • Intellectual defense structure and tendency to paranoid thinking • Intensely involved with daughter, overcontrolling of her • Sometimes preoccupied with sex • Often involved with prepubescent daughter
	<i>Subcultural variety</i>
	<ul style="list-style-type: none"> • Lives in isolated rural area • Moralistic, periodically atoning for sins • Social milieu semitolerant of incest • Usually involved with postpubertal daughter
Psychopathic	<ul style="list-style-type: none"> • Criminal history • Sexually promiscuous, unrestrained by marital bonds
Psychotic	<ul style="list-style-type: none"> • Little emotional attachment to daughter • Severe ego disorganization of organic or functional origin
Drunken	<ul style="list-style-type: none"> • Incest occurs only when father is extremely intoxicated
Pedophilic	<ul style="list-style-type: none"> • Generally attracted to young children as sex partners
Mental defective	<ul style="list-style-type: none"> • May lose interest in daughter as she ages
Situational	<ul style="list-style-type: none"> • Low intelligence a factor in reduced ego controls • Incest occurring only during high-stress period for father

* Source: KARIN MEISELMAN, INCEST (1978).

FIGURE 1



Source: Ricciuti and Dorman, *Interactions of Multiple Factors Contributing to High-Risk Parenting in HOCKELMAN, MINIMIZING HIGH-RISK PARENTING (1983).*

FIGURE 2

